SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 100 / 104 (check only one)			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30k	
Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLO	OGISTS POLITICAL AC	TION COMMI	TTEE		
Full Name (Last, First, Middle Initial)  A. MO BROOKS FOR CONGRESS			Transaction ID: Date of Disburse		
Mailing Address 7610 FOXFIRE DR			08 1	8 7 2010	
	State Zip Code AL 35802		Amount of Each	Disbursement this Period	
Purpose of Disbursement				5000.00	
Candidate Name		Category/ Type			
President	nent For: 2010 Primary X General Other (specify)				
State: AL District: 05  Full Name (Last, First, Middle Initial)			s	0000 00700	
B. PROSPERITY PAC			Transaction ID: Date of Disburse	ment	
Mailing Address 1006 PENDLETON ST			08 1	1 Y 2010 Y	
,	State Zip Code VA 22314		Amount of Each	Disbursement this Period	
Purpose of Disbursement 2010 CONTRIBUTION		· · ·		5000.00	
Candidate Name		Category/ Type			
	nent For: 2010 Primary General Other (specify)				
Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO FOR CONGRESS			Transaction ID: Date of Disburse	ment	
Mailing Address P.O. BOX 11519			08 / 0	4 2010	
	State Zip Code WV 25339		Amount of Each	Disbursement this Period	
Purpose of Disbursement				2500.00	
Candidate Name		Category/ Type			
	nent For: 2010 Primary X General Other (specify)				
SUBTOTAL of Disbursements This Page (optional)				12500.00	
TOTAL This Period (last page this line number only) .					